

MONACO
MONUMENTS



WWW.MONACOMONUMENTS.CA

905-392-0778

INTAKE FORM

DATE: _____

NAME OF CEMETERY: _____

ADDRESS: _____

CARETAKERS NAME: _____ PHONE _____

NAME OF INTERMENT RIGHTS HOLDER: _____

ADDRESS: _____ PHONE _____

CITY: _____ POSTAL CODE _____

SIGNATURE OF RIGHT HOLDER: X _____

NAME OF DECEASED: _____

FAMILY NAME: _____ RELATION _____

BIRTH DATES: _____ DEATH DATES _____

INTERRED: _____ YES _____ NO _____

LOT DESCRIPTION INFO

MONUMENT TO BE CENTERED OVER _____ GRAVE PLOTS

DESCRIPTION _____

PLOT# _____ SECTION# _____ ROW# _____

FOUNDATION SIZE _____

FOUNDATION COST \$ _____ PAYMENT ENCLOSED YES _____ NO _____

CARE & MAINTENCE

C&M PAYMENT ENCLOSED: \$ _____

FAMILY WILL MAKE C&M PAYMENT DIRECTLY TO CEMETERY YES _____ NO _____

ADDITIONAL NOTES: _____
